

PATENT NUMBER

| Class | Subclass | ISSUE CLASSIFICATION |
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**U.S. UTILITY Patent Application**

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| <p>M.S. O.I.P.E.</p> <p>SCANNED <u>75</u> <u>(3)</u> Q.A. <u>A.G.</u></p> | <p>PATENT DATE</p> |
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| APPLICATION NO. | CONT/PRIOR | CLASS | SUBCLASS | ART UNIT | EXAMINER |
| 09/895287       | D          | 717   | 1606     | 2122     | VO       |

**TITLE**      **APPLICANTS**

[illegible]PTO-2040  
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| ISSUING CLASSIFICATION       |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| ORIGINAL                     |  |          |  | CROSS REFERENCE(S) |                                   |  |  |  |  |  |  |  |
| CLASS                        |  | SUBCLASS |  | CLASS              | SUBCLASS (ONE SUBCLASS PER BLOCK) |  |  |  |  |  |  |  |
|                              |  |          |  |                    |                                   |  |  |  |  |  |  |  |
| INTERNATIONAL CLASSIFICATION |  |          |  |                    |                                   |  |  |  |  |  |  |  |
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| <input type="checkbox"/> <b>TERMINAL<br/>DISCLAIMER</b>   | <b>DRAWINGS</b>                              |             | <b>CLAIMS ALLOWED</b>             |              |
|   | Sheets Drwg.                                 | Figs. Drwg. | Print Fig.                        | Total Claims |
| <input type="checkbox"/> The term of this patent subsequent to _____ (date) has been disclaimed.  | _____<br>(Assistant Examiner) (Date)         |             | <b>NOTICE OF ALLOWANCE MAILED</b> |              |
| <input type="checkbox"/> The term of this patent shall not extend beyond the expiration date of U.S Patent. No. _____<br>_____<br>_____ | _____<br>(Primary Examiner) (Date)           |             | <b>ISSUE FEE</b>                  |              |
|   |  |             | Amount Due                        | Date Paid    |
| <input type="checkbox"/> The terminal ____ months of this patent have been disclaimed.  | _____<br>(Legal Instruments Examiner) (Date) |             | <b>ISSUE BATCH NUMBER</b>         |              |

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